DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Guidance for Applicants (GFA) No. TI 01-006
Part I - Programmatic Guidance

Cooperative Agreements for the Development of Comprehensive Drug and Alcohol Treatment Systems for Homeless Persons

Short Title: Addictions Treatment for Homeless

Application Due Date:
May 10, 2001

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Authority: Section 509 of the Public Health Service Act, as amended,
and subject to the availability of funds

Table of Contents

[Note to Applicants: To prepare a complete application, PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999), must be used in conjunction with this document, PART I - "Programmatic Guidance."]

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of Fiscal Year 2001 funds for cooperative agreements to enable communities to expand and strengthen their drug and alcohol treatment systems for homeless individuals with substance abuse disorders or with co-occurring substance abuse and mental disorders.

Approximately $9.5 million will be available to fund 18 to 20 cooperative agreements. The average award is expected to range from $400,000 to $600,000 per year in total costs (direct and indirect). Cooperative agreements will be awarded for a period of up to 3 years. Annual awards will be made subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee.

Who Can Apply

Public and domestic private non-profit entities may apply. For example, the following are eligible to apply:

- States;
- Tribal or local governments;
- Community-based organizations;
- Faith based organizations.

If the applicant is not a direct provider of substance abuse treatment services, the applicant must document (in Appendix 2) a commitment from a substance abuse treatment provider to participate in the proposed project.

The applicant agency and all direct providers of substance abuse services involved in the proposed system must be in compliance with all local, city, county and/or State requirements for licensing, accreditation, or certification.

The applicant, if a direct provider of substance abuse treatment services, and any direct providers of substance abuse treatment services involved in proposed system, must have been providing treatment services for a minimum of two years prior to the date of this application.

[In Appendix 1 of the application, the applicant must:

- list all substance abuse treatment providers committed to participate in the proposed project;
- present evidence that these providers have been delivering services for at least two years; and
- provide documentation that the applicant agency and all direct providers of substance abuse treatment services involved in the proposed system are in compliance with all local, city, county and/or State licensing, accreditation, and/or certification requirements (or documentation that the local/State government does not require licensure, accreditation, or certification) .]

SAMHSA/CSAT believes that only existing,

experienced providers with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively.

Applications will be screened by SAMHSA prior to review. Applicants that do not meet eligibility requirements will not be reviewed.

Application Kit

Application kits have several parts. The grant announcement (GFA) has two parts. Part I is individually tailored for each GFA. Part II contains important policies and procedures that apply to all SAMHSA applications for discretionary grants. Responding to both Parts I and II is necessary for a complete application. The application kit also includes the blank forms PHS 5161 and SF-424 that you will need to complete your application.

To get a complete application kit, including Parts I and II, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- Download from the SAMHSA web site at: www.SAMHSA.gov

Where to Send the Application

Send the original and 2 copies of your grant application to:
SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

Change the zip code to 20817 if you use express mail or courier service.

Please note: Use application form PHS #5161-1. Be sure to type the following in item No. 10 on the face page of the application: TI 01-006 Addictions Treatment for Homeless.

Application Dates

Send your application in by May 10, 2001.

Applications received after May 10, 2001 will only be accepted if they have a proof-of-mailing date from the carrier by May 3, 2001. Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

SAMHSA/CSAT anticipates making awards by September 30, 2001.

How to Get Help

For questions on program issues, contact:
James M. Herrell, PhD
CSAT/SAMHSA
Rockwall II, 7th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2376
E-Mail: jherrell@samhsa.gov

For questions on grants management issues, contact:
Kathleen Sample
Division of Grants Management

OPS/SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9667
E-Mail: ksample@samhsa.gov

Applicant Characteristics

SAMHSA/CSAT seeks applications from experienced organizations that:

- can demonstrate commitment and successful experience in working with the target population;
- have experience in providing or in coordinating housing for individuals in treatment for or in recovery from substance abuse or co-occurring substance abuse and mental disorders;
- have experience in providing integrated substance abuse, mental health, and primary health services to the homeless;
- are connected with other key agencies and systems involved with services to the homeless (e.g., substance abuse and mental health treatment systems, social services, schools, health care entities, local housing authorities, justice agencies, community and faith-based organizations, etc.);
- understand the prevalence of drug and alcohol problems among homeless populations and the state-of-the-art, culturally competent approaches to addressing these problems;
- have the infrastructure and expertise to provide required services within four months of receiving an award.

Applicants need not be direct providers of substance abuse treatment. Eligible applicants also include providers of:

- case management;
- outreach;
- mental health care;
- primary health care;
- housing; or
- other closely linked services for persons with substance abuse or co-occurring disorders.

However, if the applicant is not a provider of substance abuse treatment services, the applicant must document (in Appendix 2) a commitment from a substance abuse treatment provider to participate in the project.

SAMHSA/CSAT encourages applications from entities with current or past involvement in programs such as the Health Resources and Services Administration's (HRSA) Health Care for the Homeless Programs, Ryan White programs, and its Consolidated Community Block Grants; Agency for Children and Families' Runaway and Homeless Youth Programs, Street Outreach, and Transitional Living Centers; Housing and Urban Development's (HUD) McKinney Programs, Shelter Plus Care, and Continuum of Care programs; the Veterans Administration's Homeless Veterans Reintegration Programs; SAMHSA's Projects for Assistance in Transition from Homelessness (PATH), Access to Community Care and Effective Services and Supports (ACCESS), and CSAT/Center for Mental Health Services collaborations on Homelessness Prevention and Homeless Families; and other Federal programs serving the homeless.

SAMHSA/CSAT further encourages applications from entities that can use

SAMHSA/CSAT funds to complement or leverage funds from other private, local, State, or Federal sources.

Cooperative Agreements

Awards are being made as cooperative agreements because the complexity of the program requires substantial involvement of Federal staff.

Role of Federal Staff

The cooperative agreement mechanism includes substantial post-award Federal programmatic participation in the conduct of the project. Participation by CSAT will include:

- Site visits to ensure compliance with program goals and successful implementation of funded activities and services;
- Consultation on and provision of technical assistance;
- Meetings designed to support activities of the individual cooperative agreement awards;
- Authorship or co-authorship of publications to disseminate program findings.

Role of the Grantee

By accepting the cooperative agreement award, the grantee agrees to:

- Comply with all aspects of the Terms and Conditions of the cooperative agreement;
- Cooperate with CSAT staff in accepting guidance and responding to requests for information on this program;
- Take advantage of the technical assistance that will be provided by CSAT staff and their contractors in post-award activities; and
- Participate in two grantee meetings each year.

Target Population

To ensure that the program serves homeless people with critical needs, the target population is homeless persons (including adults with or without accompanying children, families, veterans, runaway and street youth, persons with long or multiple episodes of homelessness) who have a substance abuse disorder, or both a diagnosable substance abuse disorder and co-occurring mental illness or emotional impairment.

For this program, "homeless" is defined as 1) literally homeless at the time of program admission; 2) history of homelessness within the twelve (12) months prior to admission; or 3) at imminent risk of homelessness.

"Homeless" persons are those who lack a fixed, regular, and adequate nighttime residence, including persons whose primary nighttime residence is:

- a supervised public or private shelter designed to provide temporary living accommodations;
- time-limited/nonpermanent transitional housing arrangements for individuals engaged in mental health and/or substance abuse treatment;
- an institution that provides a temporary residence for individuals not intended to be institutionalized; or
- a public or private facility not designed

for, or ordinarily used as, a regular sleeping accommodation.

"Homeless" also includes "doubled-up" – a residential status that places individuals at imminent risk for becoming homeless – defined as sharing another person's dwelling on a temporary basis where continued tenancy is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.

Background

Although current data provide varying estimates of the prevalence of substance abuse and mental disorders among America's homeless, defensible estimates indicate the magnitude of the problem.

- On any given night, upwards of 500,000 persons are homeless.
- As many as half of homeless adults have histories of alcohol abuse or dependence and one-third have histories of drug abuse.
- Approximately 20-25 percent of homeless adults have lifetime histories of serious mental illness, and between 10-20 percent of these have a co-occurring substance abuse disorder.
- Persons with substance abuse disorders have an elevated risk for homelessness and for being homeless for long periods.
- Homeless persons have an elevated risk of infectious diseases associated with drug use, such as HIV/AIDS and hepatitis.

The Addictions Treatment for Homeless Program implements the Congressional directive in the FY2001 Appropriations Report language for CSAT designating funds for substance abuse treatment services for homeless.

The Addictions Treatment for Homeless Program addresses the need to link substance abuse services with housing programs and other services for homeless persons, and to secure and maintain housing for homeless persons with substance abuse problems. The program builds on lessons learned from previous Federal initiatives, which demonstrated the potential of substance abuse treatment services for homeless persons with substance abuse and related disorders to reduce substance use, achieve more stable housing, and increase employment. Positive outcomes are most likely to occur when:

- basic needs for food, shelter, and safety are met, substance abuse treatment is linked with housing, and clients are permanently housed;
- barriers to receiving services are acknowledged and reduced;
- a range of services – e.g., housing, substance abuse treatment, mental health, primary health care, education, employment, substance abuse prevention – are provided in an integrated, seamless manner; and
- clients are never discharged from one treatment system element (e.g., detoxification) without a firm link to another appropriate form of service.

This program addresses two key elements of "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative" (NTP), released by SAMHSA/CSAT on November 28, 2000. It addresses NTP Strategy "No Wrong Door" To Treatment by developing and implementing

programs that require appropriate assessment, referral, and treatment in all systems serving the homeless population with substance abuse and dependence problems. This program also addresses NTP Strategy "Build Partnerships" by requiring collaboration among disparate human services that focus on the homeless population with substance abuse and dependence problems.

For additional information about the NTP and how to obtain a copy, see Appendix A.

Developing Your Grant Application

Applicants must demonstrate a thorough understanding of state-of-the-art knowledge and practices in the identification and treatment of homeless people with substance abuse disorders, or with co-occurring substance abuse and mental disorders.

Applicants must demonstrate that the proposed interventions are effective, culturally competent, "best practice" approaches. Proposed interventions should be supported by evidence from current research or from locally conducted evaluations. Proposed interventions building on the applicant's currently provided services must be clearly supported by local evaluation and based on sound theory regarding treatment for this population.

The applicant should also provide evidence that the proposed intervention will address the overall goals and objectives of the program within the 3-year grant period.

Funding is to be used for the provision of substance abuse treatment services in one or more of the following ways:

- Strengthen or expand a comprehensive, integrated system of substance abuse services for homeless persons;
- Provide substance abuse treatment to persons participating in other programs for the homeless;
- Provide substance abuse treatment and related supportive services to maintain persons in stable housing;
- Employ linkages throughout the community among all system components, ensuring that all points in the system have access to substance abuse treatment for their clients ("no wrong door" for entry to treatment);
- Promote immediate entry to substance abuse treatment by increasing treatment capacity where gaps exist;
- Enable participation in substance abuse treatment by providing wrap around services such as transportation or child care.

Funding may be used to promote entry to and maintenance in stable housing by homeless persons with substance abuse problems, by, for example:

- Connecting homeless persons with substance abuse problems to housing and promote their continued housing;
- Building linkages between substance abuse treatment providers, housing providers, and homeless service providers;
- On an emergency or short term basis, purchasing groceries or household supplies that are necessary to enable a person to remain housed.

Funds may also be used to provide services that: educate the community (consumers, teachers, justice personnel, local housing authorities, social service agencies, primary care physicians and clinics, the faith community, etc.) about homelessness and how to refer homeless individuals to appropriate substance abuse treatment services; or that train direct care providers and others in the system serving the target population about provision of substance abuse treatment services to homeless persons.

Funds may NOT be used to pay for housing (other than residential substance abuse treatment).

Applicants should describe the integrated, comprehensive, community-based system within which the proposed project will be embedded, describe the roles of each system component and present letters of commitment from participating and coordinating organizations. Examples of such components include, but are not limited to:

- services that meet basic needs for food, shelter, and safety;
- substance abuse treatment;
- mental health services, either integrated or linked with substance abuse treatment services;
- street outreach;
- systems integration;
- primary health care;
- case management and other services linking system components;
- community focused educational and preventive efforts;
- school-based activities such as School Based Health Care programs or Student Assistance Programs;
- faith based organizational support;
- health education and risk reduction information;
- access and referrals to STD and TB testing;
- linkages with the justice system.

Funding Restrictions

Grant funds may not be used to:

- Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, STDS, TB and hepatitis B and C.

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as judged by a peer review committee;

2. Concurrence of the National Advisory Council;

3. Availability of funds;

4. Distribution of awards in terms of geography including rural/urban areas;

5. Evidence of non-supplantation of funds

Reporting/Evaluation Requirements

There are two evaluation components for this

announcement: "GPRA" and a local evaluation.

Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements, including but not necessarily limited to the collection of CSAT Core Client Outcomes (see Appendix C). Appendix B contains a detailed description of CSAT's GPRA strategy.

CSAT GPRA requirements include data collection about service recipients at baseline/intake, six months after intake, and twelve months after intake. Grantees are expected to collect six and twelve month data on a minimum of 70% of all clients in the intake sample.

CSAT's GPRA Core Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no past month substance abuse; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with the criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients or children of adult service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments; are attending school; have no or reduced involvement in juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state when, because of the target population to be served or the type of services to be provided, one or more GPRA outcome domain is inappropriate and will not be addressed.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation should be designed to provide regular feedback to the project to help the project improve services. The local evaluation must incorporate but should not be limited to GPRA requirements. Because different programs will differ in their target populations, services, systems linkages, and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required. In general, the applicant's local evaluation plan should include three major components:

- Implementation fidelity, addressing issues such as: How closely did implementation match the plan? What types of deviation from the plan occurred? What led to the deviations? What impact did the deviations have on planned intervention and

evaluation?

- Process, addressing issues such as: Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community, political climate) at what cost (facilities, personnel, dollars)?
- Outcome, addressing issues such as: What was the effect of treatment on service participants? What program/contextual factors were associated with outcomes? What client factors were associated with outcomes? How durable were the effects?

Longitudinal client level data to be gathered in the local evaluation should meet the same follow-up rate standard (minimum of 70%) required for GPRA.

The applicant's evaluation plan must describe approaches to comply with GPRA requirements and to conduct the local evaluation, and must contain an agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.

The evaluation plan should address the appropriateness of the evaluation approaches and instruments for the cultures, genders, and ages of the target population, and should include the integrated use of quantitative and qualitative data.

CSAT has developed a variety of evaluation tools and guidelines that may assist applicants in the design and implementation of the evaluation. These materials are available for free downloads from:

http://neds.calib.com.

Post-Award Requirements

SAMHSA/CSAT will provide post award support to grantees through technical assistance on clinical, programmatic, and evaluation issues; data collection, analysis, and interpretation; and development of reports, products, and publications.

Grantees will be required to attend (and, thus must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. Each meeting will be two days. A minimum of two persons (Program Director and Program Evaluator) are expected to attend. These meetings will usually be held in the Washington, DC, area.

Grantees will be responsible for ensuring that all direct providers of services involved in the proposed system are in compliance with all local, city, county, and/or State licensing, certification, or accreditation requirements.

The applicant must notify the Single State Agency within 30 days of receipt of an award.

DETAILED INFORMATION ON WHAT TO INCLUDE IN YOUR APPLICATION

For your application to be complete and eligible, it must include the following in the order listed. Check off areas as you complete

them for your application.

‘ **1. FACE PAGE**

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

‘ **2. ABSTRACT**

Your total abstract may not be longer 35 lines, including the 5 line summary. In the first 5 or fewer lines of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

‘ **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

‘ **4. BUDGET FORM**

Standard Form 424A. See Appendix B in Part II for instructions.

‘ **5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION**

The project narrative is made up of Sections A through D. More detailed information regarding A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages.

__ **Section A - Project Narrative**: Project Description/Justification of Need
__ **Section B - Project Narrative:** Project Plan
__ **Section C - Project Narrative:** Evaluation/Methodology
_ **Section D - Project Narrative:** Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

The supporting documentation for your application is made up of the following sections E through H. There are no page limits for the Supporting Documentation sections, except for Section G, the Biographical Sketches/Job Descriptions.

__ **Section E- Supporting Documentation**: *Literature citations*

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

__ **Section F - Supporting Documentation:** *Itemized description of expenditures, existing resources, other support*

Follow instructions in Appendix B, Part II. Fill out sections B, C, and E of the Standard Form 424A.

__ **Section G - Supporting Documentation**: *Biographical sketches and job descriptions*

C Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than 2 pages. If the person has not been hired, but has been identified, include a letter of commitment and sketch of the individual.
C Include job descriptions for key personnel. They should not be longer than 1 page.

[Note: Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.]

__ **Section H - Supporting Documentation:** *Confidentiality and SAMHSA Participant Protection (SPP)*

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

‘ **6. APPENDICES 1 THROUGH 6**

- Use only the appendices listed below.
- Don’t use appendices to extend or replace any of the sections of the Program Narrative.
- **Don’t** use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:
List of substance abuse treatment providers participating in the project; evidence that providers have two years experience; and documentation of compliance with licensing, accreditation, and/or certification requirements.

Appendix 2:
Letters of Coordination/Support

Appendix 3:
Non-supplantation of Funds Letter

Appendix 4:
Letters to Single State Agency (SSA)

Appendix 5:
Data Collection Instruments/Interview Protocols

Appendix 6:
Sample Consent Forms

‘ **7. ASSURANCES**

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

‘ **8. CERTIFICATIONS**

‘ **9. DISCLOSURE OF LOBBYING ACTIVITIES**

Please see Part II for lobbying prohibitions.

‘ **10. CHECKLIST**

See Appendix C in Part II for instructions.

Project Narrative– Sections A Through D Highlighted

Your application consists of sections A through H. Sections A through D, the project narrative parts of your application, describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D.

/ Sections A though D may not be longer than 25 pages.

/ A peer review committee will assign a point value to your application based on how well you address these sections.

/ In the description below, the number of points after each section heading shows the maximum points a review committee may assign. For example, a perfect score for Section A will result in a rating of 30 points.

/ Reviewers will be instructed to review and

evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. **See Appendix D in Part II for guidelines for applicants and peer reviewers that will be used to assess cultural competence.**

Section A:
Project Description and Justification of Need (30 points)

- State the geographic area where services will be provided. Describe the local problem, identify gaps in the system that the proposal intends to address, and document the extent of the need. Documentation may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments, and/or through national data such as that available from the National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN), the Drug and Alcohol Services Information System (DASIS), or the Treatment Episode Data Set (TEDS).

- Define the target population to be served, in terms of demography, clinical characteristics, and homeless status. Describe how clients will be assessed to determine homelessness. If proposing to serve persons "at imminent risk" of homelessness, explain how risk will be defined and determined. Provide justification for any exclusions under SAMHSA's Population Inclusion Requirement **(see Part II).**

- Clearly state the purpose of the proposed project. Provide quantitative goals and objectives for services in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved.

- Present a literature review and other information that demonstrates a thorough understanding of the state of the art in serving persons in the proposed target population.

Section B:
Project Plan (30 points)

- Describe the proposed project. Describe how funds will be used to improve, enhance, coordinate, or develop substance abuse treatment services for homeless persons.

- Demonstrate that the proposed project is a culturally competent, "best-practices," state-of-the-art model that is consistent with the goals of this announcement.

- Document that persons receiving substance abuse treatment services will receive appropriate assessment, determination of level-of-care, and effective treatment.

- Document that substance abuse treatment services will be effectively linked with programs that provide transitional or permanent housing.

- Provide a thorough description of the system now in place to serve the target

population. Describe the infrastructure; the coordination of services; intake, referral and linkage processes; and substance abuse treatment services. Describe the environmental context in which the intervention is implemented, including:

- comprehensiveness of the agency,
- service linkages,
- housing availability, and
- availability and accessibility of services.

- Document how the basic needs of service recipients for shelter, food, and safety will be met.

- Document the ability of the system to move clients from one treatment system component to another with no gap in service (e.g., from inpatient detox to outpatient).

- Discuss age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues relative to the target population, and how the project will address these issues.

- Describe how client and systems information will be coordinated and client services will be tracked through the system. Describe the current and proposed information systems and their compatibility for communication across sites and agencies.

- Describe the involvement of members of the target population and/or their advocates in the design and implementation of the proposed project.

Section C:
Evaluation/Methodology (15 points)

- Describe plans to comply with GPRA requirements, including the collection of CSAT's GPRA Core Client Outcomes, and tracking and follow-up procedures to meet the 70% follow-up standard.

- Describe the local evaluation plan, including plans to assess implementation fidelity, process, and client outcome, to ensure the cultural appropriateness of the evaluation, to integrate the local evaluation with GPRA requirements, and to meet the 70% follow-up requirement. Describe plans for data management, data processing and clean-up, quality control and data retention. Describe plans for data analysis and interpretation.

- Describe plans for using interim evaluation findings to improve the quality of services.

- Document the appropriateness of the proposed approaches to gathering quantitative and qualitative data for the target population. Address not only traditional reliability and validity but sensitivity to age, gender, sexual orientation, culture, literacy, disability and racial/ethnic characteristics of the target population.

- Describe plans for reporting and disseminating the project's findings.

- Describe plans for including members of the target population and/or their advocates in the design and implementation of the evaluation and in the interpretation of findings.

- State agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.

Section D:
Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (25 points)

- Demonstrate the capability of the applicant organization, its commitment to serving the target population, and its experience with similar projects and populations, including current or past participation in homeless programs supported by foundations or Federal funding.

- Present a management plan for the project, including any subcontractual arrangements proposed; describe the organizations that have committed to be involved in the project; present their roles in the project; and address their relevant experience. Describe the roles of each system component. [Letters of support and commitment (outlining services to be provided, level and intensity of resources committed) from participating and coordinating organizations should be included in Appendix 2.]

- Present a time line for implementing the project, and demonstrate that the project can be fully operational within four months.

- Provide a staffing plan, including the level of effort and qualifications of the Project Director, Evaluator, and other key personnel.

- Describe the resources available (e.g., facilities, equipment); provide evidence that services will be provided in locations and facilities that are adequate, accessible, and conducive to serving the target population.

- Provide evidence that the proposed staff have requisite training, experience, and cultural sensitivity to provide services to the target population. Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, and ethnic, racial, and cultural factors of the target population.

- Provide evidence that required resources not included in the Federal budget request are adequate and accessible.

- Provide evidence that SAMHSA/CSAT funds will complement or leverage funds from other sources.

- Provide a plan to secure resources or obtain support to continue activities funded by this program at the end of the period of Federal funding.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and participant protection in your supporting documentation. **(Note: Part II provides additional information re confidentiality.)** There are no page limitations, and no points will be assigned to this section.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.
- Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In this section of your support documentation you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

- Protect Clients and Staff from Potential Risks:
  - Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
  - Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
  - Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
  - Give plans to provide help if there are adverse effects to participants, if needed in the project.
  - Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
  - Offer reasons if you do not decide to use other beneficial treatments.
- Fair Selection of Participants:
  - Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as, foster children, children of substance abusers, or other special population groups.
  - Explain the reasons for including or excluding special types of participants, such as pregnant women and teens, mentally or physically disabled homeless people, or others who are likely to be vulnerable.
  - Explain how you will recruit and select participants. Identify who will select participants.
- Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring Homeless persons to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Û Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix No. 5**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments
  - Where data will be stored
  - Who will or will not have access to information
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
  - If their participation is voluntary
  - Their right to leave the project at any time without problems
  - Risks from the project
  - Plans to protect clients from these risks.

- Explain how you will get consent for Homeless participants in general, and for

the homeless and/or guardians with limited reading skills, and for the homeless and/or guardians who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your **Appendix 6**, titled "Sample Consent Forms." If needed, give English translations.

  Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

- Risk/Benefit Discussion:
  - Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 focus areas related this program are in Chapter 26: Substance Abuse.
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds (include documentation in **Appendix 3**)
- Letter of Intent
- Single State Agency Coordination (include documentation in **Appendix 4**)
- Intergovernmental Review
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant Protection

APPENDIX A.

The National Treatment Plan Initiative (NTP)

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation" over the past year. The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

APPENDIX B.

CSAT's GPRA STRATEGY

Overview

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

Project An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing

treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSAT's "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPT BG	N.C.
Goal 1			X	
Goal 2		X		
Goal 3	X			

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

Goal 4			X	X

KD - Knowledge Development
KA - Knowledge Application
N.C. - National Data Collection/Data Infrastructure
SAPT BG - Substance Abuse Prevention and Treatment Block Grant
TCE - Targeted Capacity Expansion

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OF and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
  (a) were currently employed or engaged in productive activities;
  (b) had a permanent place to live in the community;
  (c) had no/reduced involvement with the criminal justice system.

- Percent decrease in
  (a) Alcohol use;
  (b) Marijuana use;
  (c) Cocaine use;
  (d) Amphetamine use
  (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements
-

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- **!** Were identified needs met?
- **!** Was service availability improved?
- **!** Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- **!** Percent of adults receiving services increased who:
  a) were currently employed or engaged in productive activities
  b) had a permanent place to live in the community
  c) had reduced involvement with the criminal justice system
  d) had no past month use of illegal drugs or misuse of prescription drugs
  e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- **!** Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous

[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to hich they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the SNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance

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[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Appendix C.

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAT GPRA Client Outcome
Measures for Discretionary Programs

A. RECORD MANAGEMENT

Client ID

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Contract/Grant ID

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

		Number of Days
1.	**During the past 30 days how many days have you used the following:**	
a.	**Any Alcohol**	**|____|____|**
b.	**Alcohol to intoxication (5+drinks in one setting)**	**|____|____|**
c.	**Other Illegal Drugs**	**|____|____|**

		Number of Days
2.	**During the past 30 days, how many days have you used any of the following:**	
a.	**Cocaine/Crack**	**|____|____|**
b.	**Marijuana/Hashish, Pot**	**|____|____|**
c.	**Heroin or other opiates**	**|____|____|**
d.	**Non prescription methadone**	**|____|____|**
e.	**PCP or other hallucinogens/psychedelics, LSD, Mushrooms, Mescaline.....**	**|____|____|**

f.	**Methamphetamine or other amphetamines, Uppers**	**|____|____|**
g.	**Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics**	**|____|____|**
h.	**Inhalants, poppers, rush, whippets**	**|____|____|**
i.	**Other Illegal Drugs--Specify_____**	**|____|____|**

3. In the past 30 days have you injected drugs? ○ Yes ○ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital., nursing home, jail/prison)
- ○ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

- ○ Not enrolled
- ○ Enrolled, full time
- ○ Enrolled, part time
- ○ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

○ Yes ○ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ○ Employed full time (35+ hours per week, or would have been)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, Volunteer work
- ○ Unemployed, Retired
- ○ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…

	INCOME
a. Wages	$ ___,___.00
b. Public assistance	$ ___,___.00
c. Retirement	$ ___,___.00
d. Disability	$ ___,___.00
e. Non-legal income	$ ___,___.00
f. Other_____(Specify)	$ ___,___.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |____|____| times

2. In the past 30 days, how many times have you been arrested for drug-related offenses? |____|____| times

3. In the past 30 days, how many nights have you spent in jail/prison? |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- O Excellent
- O Very good
- O Good
- O Fair
- O Poor

2. During the past 30 days, did you receive

a. Inpatient Treatment for:

		No	Yes ±	If yes, altogether for how many nights (DK=98)
i. Physical complaint		O	O	_____
ii. Mental or emotional difficulties	O	O		_____
iii. Alcohol or substance abuse		O	O	_____

b. Outpatient Treatment for:

		No	Yes ±	If yes, altogether how many times (DK=98)
i. Physical complaint		O	O	_____
ii. Mental or emotional difficulties	O	O		_____
iii. Alcohol or substance abuse		O	O	_____

c. Emergency Room Treatment for:

		No	Yes ±	If yes, altogether for how many times (DK=98)
i. Physical complaint		O	O	_____
ii. Mental or emotional difficulties	O	O		_____
iii. Alcohol or substance abuse		O	O	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race?

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|
Month / Day / Year